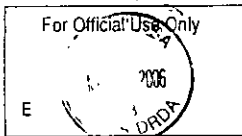


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



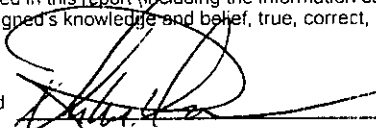
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 7924	2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name MICHAEL R MURPHY P.O. Box, Bldg., Room No., if any Street 9028 ONTARIO ST NW City MASSILLON State Ohio ZIP Code + 4 44646	4. Name, file number, and address of labor organization. Name IRONWORKERS LOCAL UNION NO. 550 Labor Organization File Number 032-576 P.O. Box, Building and Room Number, if any Street 618 HIGH AVENUE N.W. City CANTON State Ohio ZIP Code + 4 44703
5. Position in labor organization. RECORDING SECRETARY, TRUSTEE	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. \$0

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed 	On 5/11/2006	330/455-5164
	Date	Telephone Number

Name of Person Filing MICHAEL MURPHY	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business; of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name IRONWORKERS 549/550 PENSION HEALTH & WELFARE</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2350 MAIN STREET</p> <p>City WHEELING</p> <p>State West Virginia ZIP Code + 4 26003</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name IRONWORKERS 549/550 PENSION HEALTH & WELFARE</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2350 MAIN STREET</p> <p>City WHEELING</p> <p>State West Virginia ZIP Code + 4 26003</p>	<p>11.a. Nature of such dealing.</p> <p>MICHAEL MURPHY ATTENDED QUARTERLY BOARD OF TRUSTEE MEETINGS FOR THE LOCAL 549/550 PENSION FUND, LOCAL 549/550 MEDICAL PLAN AND LOCAL 549/550 SECURITY PLAN. THESE EMPLOYEE BENEFIT PLANS REIMBURSED THE TRUSTEE'S EXPENSES.</p>
	<p>11.b. Approximate dollar value of such dealing. \$3,444</p>
	<p>12.a. Nature of interest held or income received.</p>
	<p>12.b. Amount.</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>